

## Early experience in ileal neobladder reconstruction

*To the Editor*—I greatly enjoyed reading the article by Drs Yiu and Chan on bladder reconstruction in the December issue of the Journal.<sup>1</sup> I strongly echo their plea for orthotopic bladder replacement as the procedure of choice after cysto-prostatectomy. I would also like to raise the following two points for discussion.

1. *Radiotherapy*. Preoperative radiotherapy increases the difficulty and risks associated with orthotopic bladder replacement. None of our 16 cases of orthotopic bladder replacement had preoperative radiotherapy. The chance of cure or local control of the disease did not appear to be compromised by this.
2. *Alternative procedures*. While the phrase "ileal is ideal" is generally true, not every patient has an ileal loop that can be brought down to the urethral stump without creating tension. Hence, the surgeon embarking on bladder replacement should be prepared to use alternative procedures. We have found the Mainz pouch<sup>2</sup> to be a useful alternative. The ileocaecal segment used has a more reliable blood supply from the ileocaecal vessels, greater length due to the larger diameter of the caecum, and a thicker colonic wall which allows easier ureteric reimplantation. Deficiency of vitamin B12 (due to isolation of the ileocaecal valve and a large part of the terminal ileum from the gastrointestinal tract) takes more than six years to develop and is easily treated. The urodynamic and metabolic results obtained in our patients who received ileal neobladder (8) and Mainz pouch (7) are quite comparable.<sup>3</sup>

I congratulate Drs Yiu and Chan on their excellent results.

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### References

1. Yiu TF, Chan AY. Early experience in ileal neobladder reconstruction. *JHKMA* 1994;46(4):321-4.
2. Thuroff JW, Alken P, Reidmiller H, Jacobi GH, Hohenfellner R. 100 cases of Mainz pouch: continuing experience and evolution. *J Urol* 1988;140:283-8.
3. Man CW. Micturition after cystectomy. *Hong Kong Practitioner* 1994;16:509-15.

*In reply*—In response to Dr Man's comments, I would like to say the following:

1. *Radiotherapy*. In order to minimise the risks of preoperative radiotherapy, it is important not to choose the irradiated bowel for orthotopic bladder replacement.
2. *Ileal neobladder*. In a study of 200 patients the authors did not encounter any patient in whom the ileal neobladder would not reach the urethra.<sup>1</sup> Likewise, we have not experienced this problem.
3. *Alternative procedures*. As there are so many different types of bladder replacement, no one stands out as the ideal. Surgeons performing such operations should be familiar with the various types of bladder replacement and choose the one appropriate for each patient.

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### References

1. Hautmann RE, Miller K, Steiner U, Wenderoth U. The ileal neobladder: 6 years of experience with more than 200 patients. *J Urol* 1993;150:40-5.

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